9070

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09082

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 48 Easton
LENGTH OF STAY (in this place) 6 mon 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville 17X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Fisher (Middle) A. (Last) Buell IV

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1955

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: October 7-1946
9. AGE last birthday: 8 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Fisher A. Buell Jr.
14. MOTHER'S MAIDEN NAME: Nancy Lincoln

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mr Fisher A. Buell Jr. — Centreville Md —

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 355X

IMMEDIATE CAUSE (A) Cachexia

ANTECEDENT CAUSE (S): DUE TO Cerebellar atrophy

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ?
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from .... 19...., to ...., 19...., that I last saw the deceased alive on ...., 19...., and that death occurred at 5 55 A M, from the causes and on the date stated above.

Pathologist

SIGNATURE [illegible signature] M.D. ADDRESS Easton DATE SIGNED 26 Sept 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/25/55
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REGISTRAR 9-23-55
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR Barton Brothers
ADDRESS Centreville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09083

9088

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Trappe
LENGTH OF STAY (in this place) 17yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Lanck

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): 8. DATE OF BIRTH: Feb. 6, 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Nurse 10B. KIND OF BUSINESS OR INDUSTRY: Graduate Nurse

11. BIRTHPLACE (State or foreign country): Talbot. Md 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Henry Lanck

14. MOTHER'S MAIDEN NAME: Mary V. E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Miss Sadie Lanck.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Carcinoma of Bowel — INTERVAL BETWEEN ONSET AND DEATH 21 mo

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: March - 1954 1955 19B. MAJOR FINDINGS OF OPERATION Carcinoma of Bowel

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1953, to Sept 24, 1955, that I last saw the deceased alive on Sept 24, 1955, and that death occurred at 4 45 P.M., from the causes and on the date stated above.

SIGNATURE William L. Wuller M. D. ADDRESS 210 Dover - Easton Md, DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF Sept. 26, 1955 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-25-55 — REGISTRAR'S SIGNATURE M. H. Norris — 24. FUNERAL DIRECTOR — ADDRESS Easton Md

9971 **MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18** 09084

Item 21 Film G187 10-17-55

CERTIFICATE OF DEATH

Reg. Dist. No. 210

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 1 day 7 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 05x-2
STREET ADDRESS (If rural give location) 105 Greenridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Catherine (Last) Christopher

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: 12-31-1884
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Thomas Lord
14. MOTHER'S MAIDEN NAME: Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 3 No
16. SOCIAL SECURITY NO. 222-12-4817 ~~Unknown~~
17. INFORMANT & ADDRESS: Mrs Myrle Tubbs (daughter) Fed. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
904.0 IMMEDIATE CAUSE	(A)	Cerebral hemorrhage	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	~~DUE TO~~ (B) DUE TO	Fracture of hip	
260X	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Terminal diabetes	

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [x] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Federalsburg
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 3, 1955 . M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR? Slipped and fell

22. I hereby certify that I attended the deceased from ...., 19...., to ...., 19...., that I last saw the deceased alive on ...., 19...., and that death occurred at 7.05 P.M, from the causes and on the date stated above.
SIGNATURE A A Fleming M.D. ADDRESS Easton DATE SIGNED 20 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 9-15-1955
NAME OF CEMETERY OR CREMATORY Silverbrook
LOCATION (City, town, or county) (State) Wilmington, Del.

DATE REC'D BY LOCAL REGISTRAR 9-12-55
REGISTRAR'S SIGNATURE N.H. Nevins
24. FUNERAL DIRECTOR J.J. Frampton & Son, Federalsburg, Maryland ADDRESS

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9072

CERTIFICATE OF DEATH

09085

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 7 hrs 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location) 05 x 2

3. NAME OF DECEASED: (First) Frances (Middle) A. (Last) Dean

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Dec. 7, 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Allen Thompson

14. MOTHER'S MAIDEN NAME: Alice Harnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Edward C. Dean Husb

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X IMMEDIATE CAUSE (A) Pneumonia Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Aortic, mitral & Tricuspid stenosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 .. , to ..... , 19 .. , that I last saw the deceased alive on ..... , 19 .. and that death occurred at 7.55 P.M. from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton DATE SIGNED Sept 7 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/9/55
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REGISTRAR: 9/8/55
REGISTRAR'S SIGNATURE: N. H. Nevins

24. FUNERAL DIRECTOR: J. E. Boulais ADDRESS: Greensboro Md

9073 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09086

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Item. Film Orig + 1 Photo

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 25 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queenstown
STREET ADDRESS (If rural give location) Greenspring Road 17K-2

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Robert (Last) Donovan

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Mar. 29, 1914

9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Donovan

14. MOTHER'S MAIDEN NAME: Mary J. Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) g

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Phyllis Donovan, wife Queenstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) DUE TO Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 3h.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955 to Sept 2, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 2 03 AM, from the causes and on the date stated above.
SIGNATURE Irwin S. Hoyt ADDRESS St. Peters Queenstown DATE SIGNED 9/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 6, 1955 — NAME OF CEMETERY OR CREMATORY Dearwood Cemetery — LOCATION (City, town, or county) Dearwood (State) Del

DATE REC'D BY LOCAL REGISTRAR 9/3/55 — REGISTRAR'S SIGNATURE M.N. Nevitt — 24. FUNERAL DIRECTOR Baxter Bros. — ADDRESS Centreville, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9074 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09087

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 45 EASTON; LENGTH OF STAY (In this place) 12 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 EASTON Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (First) RICHARD (Middle) Tilghman (Last) EARLE

4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: Sept 8 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: James T. EARLE

14. MOTHER'S MAIDEN NAME: MARY WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) ?? No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Dorothy E. Earle (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

125X

IMMEDIATE CAUSE (A) Menings-Encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO

ANTECEDENT CAUSE (B) (CNS Syphilis) (20 years)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, cerebral & general years

19A. DATE OF OPERATION: ✓

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.29.1955 to 9.8.1955, that I last saw the deceased alive on 9.8.1955, and that death occurred at 6:55 A M, from the causes and on the date stated above.

SIGNATURE Witold V. Winiarz M. D. — ADDRESS 210 E. Dover, Easton, Md. — DATE SIGNED 9.10.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 9-12-55 — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county) (State): Centreville Md.

DATE REC'D BY LOCAL REGISTRAR: 9-10-55 — REGISTRAR'S SIGNATURE: M. H. Meeres — 24. FUNERAL DIRECTOR: Baxter Bros. Cockeysville — ADDRESS: Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

9089

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09088

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural — LENGTH OF STAY (In this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Double Mills

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lefton (Middle) (Last) Gibson

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 20 1883

9. AGE last birthday: 72 yrs. If under 1 year: Months 9 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Oysterman

11. BIRTHPLACE (State or foreign country): Bellevue, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison Gibson

14. MOTHER'S MAIDEN NAME: Jennie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-32-

17. INFORMANT AND ADDRESS: Bernice Gibson, Easton RD. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

I 21.1

Immediate cause (a) Coronary occlusion — Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY River — (CITY OR TOWN) Mr Royal Rd — (COUNTY) Talbot — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7.30 Am.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Louis Metz MD DME — ADDRESS: Easton Md — DATE SIGNED: 9-25-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 28 1955 — NAME OF CEMETERY OR CREMATORY: St Paul Cemetery — LOCATION (City, town, or county): Easton RD — (State) Md.

DATE REC'D BY LOCAL REG. 9/26/55 — REGISTRAR'S SIGNATURE: M.A. Meeres

24. FUNERAL DIRECTOR: John A Williams — ADDRESS: Easton Md.

9075

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09089

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton,
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt. X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Kennard (Middle) (Last) Hambleton

4. DATE OF DEATH (Month) 9- (Day) 19 (Year) 1955

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: March 4, 1923 | 9. AGE last birthday 32 yrs

IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. Thomas B. Hambleton

14. MOTHER'S MAIDEN NAME: Lillian Burrows.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Mary J. Hambleton (wife) Neavitt, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

IMMEDIATE CAUSE (A) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1943, to Sept. 19, 1955, that I last saw the deceased alive on Sept. 19, 1955, and that death occurred at 2 20 PM, from the causes and on the date stated above.

SIGNATURE M. V. Palmer M. D. ADDRESS Easton Md DATE SIGNED 9/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-22-1955 | NAME OF CEMETERY OR CREMATORY Neavitt Cemetery | LOCATION (City, town, or county) Neavitt, (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-20-55 | REGISTRAR'S SIGNATURE M. D. Nelms | 24. FUNERAL DIRECTOR Hambleton & Harrison, ADDRESS St Michaels Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09090

9276 Item 18 Film G189 12-5-55 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 2mo-11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
STREET ADDRESS (If rural give location) 403 S. Hanson St.

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) (Last) Holden

4. DATE OF DEATH: (Month) September (Day) 25, (Year) 1955

5. SEX: m
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 7, 1912
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Holden
14. MOTHER'S MAIDEN NAME: Edith C. Seeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Nettie S. Holden (wife) Easton, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 197x
IMMEDIATE CAUSE (A) Cerebral Tumor - Malignant
ANTECEDENT CAUSE (S) DUE TO (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at M. from the causes and on the date stated above.
Pathologist
SIGNATURE [signature] M.D.
ADDRESS Easton
DATE SIGNED 26 Sept. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-28-55
NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery
LOCATION (City, town, or county) (State): Easton, Md.

DATE REC'D BY LOCAL REGISTRAR: 9-26-55
REGISTRAR'S SIGNATURE: N. A. Neiss
24 FUNERAL DIRECTOR / ADDRESS: [signature] Easton, Md.

VS. A15 — 10-53

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9177

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09091

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED (Type or Print): (First) Ollie (Middle) Harvey (Last) Hubbard

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Feb 23

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Hubbard

14. MOTHER'S MAIDEN NAME: Eliza Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Georgia Hubbard Federalsburg Md R.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertension — 5 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1955, to 9/1, 1955, that I last saw the deceased alive on 9/1 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE J. M. Anderson M.D. ADDRESS Federalsburg, Md. DATE SIGNED 9/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9-6-55 — NAME OF CEMETERY OR CREMATORY Federal Hill — LOCATION (City, town, or county) Federalsburg Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-2-55 — REGISTRAR'S SIGNATURE M. H. Nevett

24. FUNERAL DIRECTOR J. J. Fountain & Son, Funeral Directors — ADDRESS Md

9078 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09092

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville, Md. R.F.D. 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year) September 22 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): separated

8. DATE OF BIRTH: April 21, 1901

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mart. C. Jones

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Albert Jones (brother)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 442K Cardio Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1955, to 9/22, 1955, that I last saw the deceased alive on 9/22, 1955, and that death occurred at 6:57 P M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9-25-55 — NAME OF CEMETERY OR CREMATORY Centreville — LOCATION (City, town, or county) Centreville (State)

DATE REC'D BY LOCAL REGISTRAR 9-23-55 — REGISTRAR'S SIGNATURE M. A. Nevins

24. FUNERAL DIRECTOR Edgar I Tomchuck — ADDRESS Easton Md

9179

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10142

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Talbot — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton
LENGTH OF STAY (in this place): 1 hr. 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural give location): 54 Plenum St.

3. NAME OF DECEASED: (Type or Print) (First) Baby girl (Middle) (Last) Kellum

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9-18-51

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months; IF UNDER 24 HRS: Days, Hours, Min. 1 hr 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John R. Kellum

14. MOTHER'S MAIDEN NAME: Sarah W. Tolson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John Kellum (father) Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

771.0
IMMEDIATE CAUSE (A) Intra ventricular Hemorrhage
ANTECEDENT CAUSE (B) DUE TO Birth of 52 gram
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15 19 51, to 9-19 19 51, that I last saw the deceased alive on 9-18 19 51, and that death occurred at 9:50 P M, from the causes and on the date stated above.

SIGNATURE: M. D. — ADDRESS: Easton Md — DATE SIGNED: 9/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 9/20/51 — NAME OF CEMETERY OR CREMATORY: Newtown — LOCATION (City, town, or county) (State): Easton Md RD

DATE REC'D BY LOCAL REGISTRAR: 9/20/51 — REGISTRAR'S SIGNATURE: M. H. Nevius

24. FUNERAL DIRECTOR — ADDRESS: James B Haskill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

9090 09093

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) W. (Last) La Beaume
4. DATE OF DEATH (Month) Sept (Day) 20 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 29-1879
9. AGE last birthday 75 yrs. If under 1 year Months 11 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis de Tarteron La Beaume
14. MOTHER'S MAIDEN NAME Sarah Angie Name

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Major D. H. Hodgman, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 976.4
Immediate cause (a) GSW head — INTERVAL BETWEEN ONSET AND DEATH: Immed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) nr. Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 9 (Day) 20 (Year) 55 (Hour) 4:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self ...

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Louis Mitte (Degree or title) MD DME ADDRESS Easton Md DATE SIGNED 9-21-55

23. BURIAL, CREMATION REMOVAL (Specify) Ship
DATE THEREOF Sept 22 1955
NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
LOCATION (City, town, or county) St Louis (State) Mo.

DATE REC'D BY LOCAL REG. 9-21-55
REGISTRAR'S SIGNATURE N. H. Nevius
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290 09094

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY Talbot
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
   MARYLAND
   LENGTH OF STAY (in this place) 24 hrs - 15 mins.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DEACEASED:
   STATE Md. COUNTY Dorchester
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock R D 07X-2
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Lake

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED. (Specify):

8. DATE OF BIRTH: 9-13-55

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months —, Days 1, IF UNDER 24 HRS.: Hours 2½, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gilbert Lake

14. MOTHER'S MAIDEN NAME: Lena Lake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S ADDRESS: Lena Lake Hurlock Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 IMMEDIATE CAUSE (A) Bi-natal fetal dead Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 .., to .. .. .., 19 .., that I last saw the deceased alive on ..... 19 , and that death occurred at 9:45 P.M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-16-55

NAME OF CEMETERY OR CREMATORY Federal Hill

LOCATION (City, town, or county) (State) Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR 9-15-55

REGISTRAR'S SIGNATURE M. H. Nevins

24. FUNERAL DIRECTOR J. J. Frampton & Son

ADDRESS Federalsburg, Md.

MARYLAND

STATE DEPARTMENT OF HEALTH

COPY OF CERTIFICATE OF DEATH

(NOTE - This is not a legal document)

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING... After copying the CERTIFICATE OF DEATH, please place the copy with the ORIGINAL CERTIFICATE, fold once horizontally to fit the SPECIAL AGENT envelope, and mail to central office.

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
MARYLAND
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
STREET ADDRESS (If rural give location) 109 West Chestnut

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) H. (Last) Leonard

4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 10, 1886

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Michaels Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward E. Harrison

14. MOTHER'S MAIDEN NAME: Sadie V. Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Dorothy Leonard St Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO — Interval Between Onset And Death: 48 hrs

Antecedent causes (b) Arteriosclerotic Cerebrovascular DUE TO — Interval Between Onset And Death: —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-..., 19 52, to 9-1-..., 19 53, that I last saw the deceased alive on 9-1-..., 19 53, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Guy M. Pearce Jr. M.D. St. Michaels Md 9-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 5-53

NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery

LOCATION (City, town, or county) (State) St Michaels Md

DATE REC'D BY LOCAL REGISTRAR Sept 3 1953

REGISTRAR'S SIGNATURE Mrs Robert L. Seth

24. FUNERAL DIRECTOR Wm Hamilton Harrison

ADDRESS St Michaels Md

9091

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09095

CERTIFICATE OF DEATH

Reg. Dist. No. 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels

STREET ADDRESS (If rural, give location): 109 West Chestnut

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Edna H. Leonard	Sept 1 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	August 10, 1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk		St. Michaels MD	U. S. A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward E Harrison	Sadie V. Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No	No	Dorothy Leonard, St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause — (a) cerebral hemorrhage — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) arteriosclerotic cerebro-vascular. — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 45 m.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12-1, 1954 to 9-1, 1955, that I last saw the deceased alive on 9-1, 1955, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Thompkins M.D. St. Michaels Md. 9-2-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 5, 1955	Olivet Cemetery	St. Michaels Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 3, 1955	Mrs Robert B Seth	J. Hamilton Harrison	St. Michaels Md

9081

09097.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON | LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural, give location) 4 1

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Henry (Last) Mullikin
4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 2-11-19
9. AGE last birthday: 36 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Charles W. Mullikin
14. MOTHER'S MAIDEN NAME: Louise Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WWII
16. SOCIAL SECURITY NO.: 213-18-5466
17. INFORMANT: Mrs Robert H. Mullikin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1. Immediate cause	(a) C⁰ empd fracture skull	Immed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Accident - falling elect. equipment	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) EASTON | (COUNTY) Talbot | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 9 / 55 9¼ a.m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Heavy machine fell in hoisting

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Louis Whitby (Degree or title) MD DHC ADDRESS Easton Md DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/5/55 | NAME OF CEMETERY OR CREMATORY: Spring Hill | LOCATION (City, town, or county): Easton (State) Md

DATE REC'D BY LOCAL REG. 9/1/55 | REGISTRAR'S SIGNATURE: N. A. Neuber | 24. FUNERAL DIRECTOR: Harold C. Leonard & Son ADDRESS

09098

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8, Filed 10-6-55 et

9092

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH — COUNTY: Talbot — STATE: MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Trappe (rural) — LENGTH OF STAY (in this place): entire life — HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Talbot — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Trappe (Rural) X — STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED: (First) James (Middle) C. (Last) Saulsbury

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: [illegible] 26, 1891

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Richard W. Saulsbury

14. MOTHER'S MAIDEN NAME: Elnora Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): [illegible] — (If Yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Sarah Diefenderfer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203X

IMMEDIATE CAUSE (A) MULTIPLE MYELOMA — INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 54, to 17 Sept. 55, that I last saw the deceased alive on 17 Sept. 55, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Maynard Kueup M.D. — ADDRESS Easton, Md. — DATE SIGNED 9/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Sept. 26, 1955 — NAME OF CEMETERY OR CREMATORY: [illegible] Hill Cemetery — LOCATION (City, town, or county) (State): [illegible] ton, Talbot Maryland.

DATE REC'D BY LOCAL REGISTRAR: 9-24-55 — REGISTRAR'S SIGNATURE: M.H. Nevins

24. FUNERAL DIRECTOR: Maurice S. N[illegible]n — ADDRESS: [illegible]ston, Md.

9082

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 09099

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY TaLBOT MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN EASTON
LENGTH OF STAY (in this place) 24½ HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY QUEEN ANNES
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CENTERVILLE 17 X - 2
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) BARBARA (Middle) SENEY (Last) SPICER

4. DATE OF DEATH (Month) Sept. (Day) 1 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep. (illegible)

8. DATE OF BIRTH: Feb. 3, 1932

9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton Seney

14. MOTHER'S MAIDEN NAME: Martha Jewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Traumatic shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Ruptured uterus

DUE TO

(c) Crimnal abortion

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) ? (County) SalemCo. (State) New Jersey

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Crimnal abortion

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Linus Ellerbe M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Sept. 1, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF Sept. 3, 1955

NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery

LOCATION (City, town, or county) (State) Centerville, Md.

DATE REC'D BY LOCAL REG. 9/1/55

REGISTRAR'S SIGNATURE M. V. Wilson

24. FUNERAL DIRECTOR Barton Bros.

ADDRESS Centerville, Md.

9283

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09100

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton. MARYLAND LENGTH OF STAY (in this place) 21 days. HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. STREET ADDRESS (If rural give location) 213 Davis ave.

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) (Last) Start

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1955

5. SEX: Female. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 8. DATE OF BIRTH: Feb 5 1885 9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Robinson 14. MOTHER'S MAIDEN NAME: Lena Mask

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Mr. Lester Start (son) Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Cerebral thrombosis. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B) Intra. auricular thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arterio-sclerotic heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on 19 , and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 26 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/26/55 NAME OF CEMETERY OR CREMATORY Longwoods LOCATION (City, town, or county) (State) Easton Md R D

DATE REC'D BY LOCAL REGISTRAR 9/25/55 REGISTRAR'S SIGNATURE M. A. Meeds

24. FUNERAL DIRECTOR ADDRESS W. Frampton Carroll, Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09101

0093

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Matthewstown; LENGTH OF STAY (in this place) 38 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton R.D

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Matthewstown X
   STREET ADDRESS (If rural give location) Easton R.D

3. NAME OF DECEASED: (First) Elsie (Middle) E. (Last) Steward

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 2, 1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caroline Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Levi Spicker

14. MOTHER'S MAIDEN NAME: Amanda Brillhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: John S. Steward

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X
IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 4 Yrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1955, to Sept. 17, 1955, that I last saw the deceased alive on Sept. 15, 1955, and that death occurred at 9.30 P.M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS DATE SIGNED
W. F. Buell Easton Md 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial; DATE THEREOF Sept. 20, 1955; NAME OF CEMETERY OR CREMATORY Denton Cemetery; LOCATION (City, town, or county) (State) Denton, Caroline Co. Md.

DATE REC'D BY LOCAL REGISTRAR 9/19/55; REGISTRAR'S SIGNATURE M. H. Merrick

24. FUNERAL DIRECTOR Maurice E. Newnam & Son; ADDRESS Easton, Md.

09102

MARYLAND STATE DEPARTMENT OF HEALTH

9-84

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 1 Yr. 25 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Talbot COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beasie (Middle) M. (Last) Thomas
4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1955
5. SEX: F
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 9 1920
9. AGE last birthday: 35 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elmer Brooks
14. MOTHER'S MAIDEN NAME: Hattie Berry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Albert Thomas (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
Immediate cause (a) Subdural Hematoma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Pending investigation

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Louis Wheatley (Degree or title) MD Dpne ADDRESS: Easton Md DATE SIGNED: 9-7 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/9/55
NAME OF CEMETERY OR CREMATORY: Williamsburg
LOCATION (City, town, or county) (State): Trappe R.D. Md
DATE REC'D BY LOCAL REG. 9/14/55
REGISTRAR'S SIGNATURE: N. D. Meeres
24. FUNERAL DIRECTOR: J. B. Pardoe
ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

9085

09103

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 40 Years 6 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro Md. R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert		Tibbitt	Sept.	20	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White	Single.	1/29/31	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	?	Md.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver Tibbitt	Nora Stubbs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	218-24-5782	Mr. Elvin Tibbitt Father

18. MEDICAL CERTIFICATION — Friendship Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (Final disease or condition resulting in death)	(a) Shock Peritis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gun Shot wound Left Flank	
	(c) Perforated Colon —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street in Greensboro	(CITY OR TOWN) Greensboro	(COUNTY) Caroline	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 19 1955 3 P.M.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Gun Shot wound to Abdomen		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE.	(Degree or title) ADDRESS	DATE SIGNED
Dawson D George M.D.	Deputy Medical Examiner	9/20/55

23. BURIAL, CREMATION REMOVAL. (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/23/55	Greensboro	Greensboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-21-55	M. A. Meares	J. E. Boulais	Greensboro, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09104

9094

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-58

1. PLACE OF DEATH.
COUNTY [illegible]ot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bruceville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Bruceville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY T[illegible]o.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bruce[illegible]ille X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Vashti (Middle) E. (Last) Townsend

4. DATE OF DEATH. (Month) Sept. (Day) 8 (Year) 19 55

5. SEX. Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Apr. 2, 1883
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel E. Townsend
14. MOTHER'S MAIDEN NAME: Anne E. Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Charles Townsend

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 172 X
(A) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH 18 mos

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Lymphatic Leukemia

19A. DATE OF OPERATION: /
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. , 19 52, to Sept. 8, 19 55, that I last saw the deceased alive on Sept. 1, 19 55, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE Maurice E. Newman M. D. ADDRESS Easton Maryland DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept. 10, 19[illegible]
NAME OF CEMETERY OR CREMATORY Upper Cambur[illegible]
LOCATION (City, town, or county) (State) T[illegible]e, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR 9/9/55
REGISTRAR'S SIGNATURE N. A. Pearce
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09105

9986

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 633 Dover St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 633 Dover St.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) P (Last) Webb

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 8/15/07
9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD Poole
14. MOTHER'S MAIDEN NAME: Leah Savage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Doris Webb, Easton, md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 493X (A) DUE TO Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Exposure to weather

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1955, to 9/30, 1955, that I last saw the deceased alive on 9/30, 1955, and that death occurred at 6 A. M, from the causes and on the date stated above.

SIGNATURE Haywood T. Webb M. D. ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/2/55
NAME OF CEMETERY OR CREMATORY Richards Cem.
LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REGISTRAR 10/1/55
REGISTRAR'S SIGNATURE M. D. Merrill
24. FUNERAL DIRECTOR James E. Caulfield
ADDRESS Easton, md.

09106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9187

CERTIFICATE OF DEATH

Reg. Dist. No. 290

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 North Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 308 North Street

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Bartlett (Last) Willson

4. DATE OF DEATH (Month) Sept. (Day) 3 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH August 25 1895

9. AGE last birthday 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeping

10b. KIND OF BUSINESS OR INDUSTRY Lumber

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William E. Willson

14. MOTHER'S MAIDEN NAME Sallie E. Sherwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 217-03-1353

17. INFORMANT AND ADDRESS Mrs. Richard B. Willson, Easton, Md. 308 North St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Arteriosclerotic Coronary Disease — Interval between onset and death: 1 year

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 54, to 9/3/, 19 55, that I last saw the deceased alive on 9/1/, 19 55, and that death occurred at 3 30 P.M., from the causes and on the date stated above.

SIGNATURE B Cof (Degree or title) M-D ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 6 1955

NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery

LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REG 9/6/55

REGISTRAR'S SIGNATURE A. H. Nevins

24. FUNERAL DIRECTOR W. Frampton Carroll ADDRESS Easton, Md.

VS. A15